

WAGES NOTICE REQUEST

IN-LIEU-OF-NOTICE PAY OR WORKER ADJUSTMENT AND RETRAINING NOTIFICATION (WARN) ACT PAY

1. California Employer Account Number: _____ (8 Digit Code)
2. Business Name: _____
3. Other Business Names: _____
4. Mailing Address: _____
(Address)

(City) (State) (Zip Code)
5. Phone Number: (_____) _____
(Area Code) (Phone Number)
6. Please provide the following information (if you have different layoff periods list them separately):

| Date(s) of Layoff (MM/DD/YY-MM/DD/YY) | Number of California Employees Laid Off | Location(s) of Affected Job Sites in California (City) |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

7. Union Name, Local and Phone Number (if applicable): _____
8. Prior Wages Notice Number (if applicable): _____

- Complete **Section A** if the payments are made in compliance with the WARN Act.
- Complete **Section B** if your company is not subject to the WARN Act and is making payments to terminated employees in lieu of providing advance notice of layoff.

Section A: WARN PAY

9. Please provide the following (if you issued WARN notices on different dates, please list separately):

| Date WARN Notice Issued (MM/DD/YY) | Affected Work Group | Date Notice Period Ends (MM/DD/YY) | Employees' Last Work Day (MM/DD/YY) | Employees Paid WARN Pay Through (MM/DD/YY) |
|--|---------------------|--|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

10. Do the employees continue to accrue **all** service credits, such as seniority, vacation time, etc., during the period covered by the WARN pay? ____Yes ____No
11. Does the company retain the right to call on the employee's services, if needed, during the period covered by the payments? ____Yes ____No
12. Will the company make the payments in a ____ lump sum and/or ____ periodic payments? (check accordingly)

NOTE: The WARN Act requires employers to provide 60 days' advance notice of covered plant closings and covered mass layoffs. This notice must be provided to affected employees or their representatives, to appropriate local government and to the State Dislocated Worker Unit. **Completion of this form does not satisfy those requirements.** For more information about WARN Act requirements refer to the EDD California Employers Guide or call the EDD Job Training Partnership Division at (916) 654-8008.

Section B: IN LIEU-OF-NOTICE PAY

13. Does company policy provide that advance notice be given in the event of a layoff or that payment be made in lieu of such notice? ☐ Yes ☐ No

If yes, please explain company policy. _____

If no, please explain the reason for the payments. _____

14. Please provide the following (if you issued layoff notices on different dates, please list each issuance separately):

| Affected Work Group | Date Employees Notified <small>(MM/DD/YY)</small> | Termination Effective Date <small>(MM/DD/YY)</small> | Employees' Last Work Day <small>(MM/DD/YY)</small> | Employees Paid Notice Pay Through <small>(MM/DD/YY)</small> |
|---------------------|---|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

15. Do the employees continue to accrue **all** service credits, such as seniority, vacation time, etc., during the period covered by the payments? ☐ Yes ☐ No
16. Does the company retain the right to call on the employees' services, if needed, during the period covered by the payments? ☐ Yes ☐ No
17. Will the company make the payments in a ☐ lump sum and/or ☐ periodic payments? (check accordingly)
18. Comments:

Employer Representative/Agent:

Name: _____

Title: _____ Phone Number: (_____) _____
(Area Code) (Phone Number)

Mailing Address (if different than the business address): _____

INSTRUCTIONS FOR WAGES NOTICE REQUEST IN-LIEU-OF-NOTICE PAY OR WORKER ADJUSTMENT AND RETRAINING NOTIFICATION (WARN) ACT PAY

The Employment Development Department will prepare a Wages Notice based on the information you provide. The Department issues a Wages Notice to reduce the number of calls to employers and to promote consistent decisions from Department staff regarding payments received by unemployment insurance claimants. The Wages Notice will provide Department staff with general information regarding the in-lieu-of-notice/WARN payments and a determination of whether the payments will affect the claimants' eligibility for unemployment insurance benefits.

The Department will also mail you a copy of the Wages Notice for your records.

Please follow the instructions carefully:

1. CALIFORNIA EMPLOYER ACCOUNT NUMBER - Enter your California state employer account number.
2. BUSINESS NAME – Enter the name by which your business is known.
3. OTHER BUSINESS NAMES – Enter other names by which your business is known and which your employees may report as their employer.
4. MAILING ADDRESS – Provide business mailing address.
5. PHONE NUMBER – Enter business phone number including area code.
6. If you have different layoff periods list them separately.
DATE(S) OF LAYOFF – Enter the date(s) you laid off or plan to lay off the employees. If layoffs will occur over a period of time and you do not have specific dates, you may indicate anticipated beginning and ending dates. Example:
02/05/99 – 06/30/99
NUMBER OF CALIFORNIA EMPLOYEES LAID OFF – Enter the total number of employees who work in California and will be laid off during the period indicated.
LOCATION(S) OF AFFECTED JOB SITES IN CALIFORNIA – Enter the name(s) of the California city(ies) where the job site(s) affected by the layoff is (are) located. If several job sites throughout California are affected you may indicate "statewide" rather than listing the individual job sites.
7. If affected employees are covered by a collective bargaining agreement, please provide the union name and local number.
8. If we have issued a Wages Notice for your company in the past, please provide the prior Wages Notice number, if available.

Section A: WARN Pay

Complete this section only if the payments you are making are in compliance with the WARN Act which requires that you provide the affected employees 60 days' advance notice of covered plant closings and covered mass layoffs or payment in lieu of such notice.

9. If you issued WARN notices on different dates, please list each issuance separately with its respective pertinent dates and information.

DATE WARN NOTICE ISSUED – Enter the date you issued the required notice to the affected employees.

AFFECTED WORK GROUP – Enter the work group that was issued the notice if it is only a specific group of employees, e.g., assembly line workers, hourly employees, represented employees, etc. If you gave notice to a range of employees in different work groups and classifications, no entry is required. If the layoff involves several sites and notice issued only to some sites on that date, you may enter the site location under Work Group.

DATE NOTICE PERIOD ENDS – Enter the date the 60-day notice period ends.

EMPLOYEES' LAST WORK DATE – Enter the last date you require the affected employees to report to work.

EMPLOYEES PAID WARN PAY THROUGH – Enter the date through which you will pay the affected employees their regular wages.

10. Indicate if affected employees continue to accrue **all** service credits, e.g., earn additional vacation time, accrue seniority, etc., just as if they were working, during the period covered by the payments.
11. Indicate if you require the affected employees to remain available in the event you require their services during the period covered by the WARN pay
12. Indicate if you will pay the WARN pay in one lump sum payment or in periodic payments. If some employees will receive a lump sum payment and other employees will receive periodic payments, check both lump sum and periodic payments.

Section B: In-Lieu-of-Notice Pay

Complete this section if you are making payments in lieu of providing advance notice of a reduction in force or closure and the layoff is not subject to the WARN Act.

13. Indicate if you have a company policy or agreement that requires that you give affected employees a specified amount of advance notice in the event of a reduction in force or that you pay them if you are unable to provide the required notice.

If yes, briefly explain your company's notice policy. Please include who is covered by the policy, the length of advance notice required and if only certain layoffs or closures are covered.

If no, briefly explain the purpose for the payments. Please include whether you company plans on making it a policy to provide advance notice in the event of a reduction in force or pay in lieu of such notice.

14. If you issued layoff notices on different dates, please list each issuance separately with its respective pertinent dates and information.

AFFECTED WORK GROUP– Enter the work group that was issued the notice if it is only a specific group of employees, e.g., assembly line workers, hourly employees, represented employees, etc. If the layoff involves several sites and notice issued only to some sites on that date, you may enter the site location under Work Group. If you gave notice to a range of employees in different work groups and classifications, no entry is required.

DATE EMPLOYEES NOTIFIED – Enter the date you issued the required notice to the affected employees.

TERMINATION EFFECTIVE DATE – Enter the date the 60 days' notice period ends.

EMPLOYEES' LAST WORK DAY – Enter the last date you require the affected employees to report to work.

EMPLOYEES PAID NOTICE PAY THROUGH – Enter the date through which you will pay the affected employees their regular wages.

15. Indicate if affected employees continue to accrue **all** service credits, e.g., earn additional vacation time, accrue seniority, etc., just as if they were working, during the period covered by the payments.
16. Indicate if you require the affected employees to remain available during the period covered by the in-lieu-of-notice pay, in the event you require their services.
17. Indicate if you will pay the WARN pay in one lump sum payment or in periodic payments. If some employees will receive a lump sum payment and other employees will receive periodic payments, check both lump sum and periodic payments.
18. **COMMENTS** - Provide any additional information regarding the payments that you feel is important and can assist the Department in determining if the payments will affect the employees' eligibility for unemployment insurance benefits.

For more information about completing this form, please call (916) 654-7401 and ask to speak to someone in the Wages Unit.

You may FAX the completed form to (916) 654-8117, or mail to Employment Development Department, Wages Unit MIC 40, PO Box 826880, Sacramento, CA 94280-0001.